

THE
BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XLI.

WEDNESDAY, OCTOBER 17, 1849.

No. 11.

AN ATTEMPT TO EXPLAIN THE PERIODICITY OF FEVERS.

BY W. CLAY WALLACE, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

THOUGH not generally admitted by physicians, the seminal propagation of disease has long been a popular idea. Before the introduction of inoculation into Europe, the communication of the disease by inserting cotton dipped in variolous matter into the nostrils was termed *sowing* the smallpox.* From the appearance of warts and other tumors, some of which diffuse peculiar odors, it was supposed that animal bodies might, besides supporting the numerous varieties of epizoa and entozoa, serve also as a soil for vegetable-like parasites.†

The terms seeds of disease and roots of disease, seem to have been regarded as mere vulgar expressions until 1837, when Bassi announced that muscardine in the silk worm was produced by a fungus, the most minute portion of which could communicate the disease to a whole colony. In the same year Cagniard Latour ascertained that fermentation is not a mere inanimate process, but that it depends on the decomposition of organic fluids by minute fungi, which consist of small granules, either singly, or in rows containing from two to eight. During fermentation the granules contract and emit spores, from which, when they have attained the size of the parents, shoots again proceed.‡ According to Schwann it is thirty-six hours before a few of these fungi are observed in freshly expressed grape-juice; but when once they begin to form, or when they are added as yeast, their propagation is rapid. The little chemists soon effect an entire change in the composition of the liquid, and only cease their labors when nourishment is exhausted, or they are destroyed by the alcohol they produce. The potato disease, the ravages of which have been so extensive, has been found to be owing to a similar cause. After the root is softened and destroyed by the successive propagation of fungi, it is farther decomposed by animalculæ; it is consequently concluded that the vinous and putrefactive changes are solely the results of vital chemistry; the former being a vegetable and the latter an animal process. In 1839, Schonlein dis-

* Moore's History of the Smallpox.

† Mulry Ad paraselorum malignorum historiam symbolæ aliquot. Gotting., 1833.

‡ Henle Pathologische Untersuchungen. Berlin, 1840.

covered the fungous character of porrigo favosa, which was afterwards traced to the mouse. In 1840 Greely, and afterwards Berg, ascertained that the fungi constituting aphthæ could be propagated not only from one infant to another, but could also be re-produced on artificial solutions of organic matter.

The first application of the above-mentioned facts to the explanation of the phenomena of disease, was made in 1840 by Henle, who divides endemics and epidemics into three groups.* The first contains intermittent fever, which, he considers, arises from miasma alone. The second contains those diseases which appear as miasmatic, and which are also propagated by contagion. There is probably, he observes, a transition between these groups; for remittent fever seems to be developed from the intermittent, and it is difficult to establish the limits between gastric and yellow fever, or even typhus, and between catarrhal fever and influenza in their contagious forms. If essentially different processes of disease were not comprehended under the same name, he thinks that remittent fever would prove that a disease might commence from miasma and in the course of development become contagious. In the third group he classes those diseases which arise from contagion only, and which, as far as is known, are never miasmatic.

Henle assumes that contagious diseases are produced by vegetable or animal parasites, causing inflammation, as in the exanthemata, when of the former character; and putrefaction, as in hospital gangrene, when of the latter. Of the exanthemata he observes, "The disease commences with the reception of the parasites or their germs. The reception occurs only on mucous membranes as far as they are penetrable from without, or on abraded portions of the skin, frequently on definite regions, as certain epizoa and entozoa prefer particular parts of the body."†

"The inflammation which the contagion has occasioned is more or less superficial, and afterwards the exudation appears, either equally, as simple inflammation, or in the form of separate papulæ, vesicles or pustules."‡

"The inflammation spreads from the place where the affection first occurred, and this may be accomplished in three ways. 1. The parasites, as if growing exuberantly, spread over the body, proceeding either over or under the cuticle; at the same time in most diseases they descend into the lungs, and also, but less frequently, into the intestines. 2. The spreading of the inflammation may be derived from the sympathetic irritation of those portions of the skin to which the parasites do not extend. 3. The distribution may be effected through the blood." "As already remarked, there is no reason for holding the absorption of contagion through the blood as necessary and essential, and just as little for denying its possibility in certain cases."||

"Fever, and what are called general symptoms, may proceed from a double origin. 1. The fever is the consequence of local inflammation, as it also accompanies other inflammations which are not miasmatic.¶

* *Pathologische Untersuchungen*, § 3, 4, 5. † *Idem*, § 23. ‡ *Idem*, § 24. || *Idem*, § 27.
¶ *Idem*, § 29.

2. The change of the blood, or of the organic material at the expense of which the supposed parasites increase, may be the cause of fever.”*

“It is asserted that from an intermittent epidemic or endemic, a contagious disease may be gradually developed, and that gastro-nervous, mucous and yellow fevers, belong to diseases which, under certain circumstances, proceed by degrees from endemic intermittents, and then, at their height, form contagion.†” Thus contagious Egyptian may proceed from simple catarrhal ophthalmia, and contagious dysentery and cholera from simple diarrhoea.

Henle endeavors to explain the transformation of intermittents into contagious typhus and yellow fever, in the following way. “1. We may assume that the infecting matter, as in miasmatic contagious diseases, lives or is at least maintained without the animal organism; that a healthy body is not the soil suited for its development; but that a pathological change must have preceded in order that it may grow.‡” “By marsh air, by sulphuretted hydrogen, negative electricity, or any other cause, intermittent fever is produced; by the intermittent the chemical constituents of the blood or other fluids become altered; by this alteration the individual is adapted to receive and support living bodies floating in the atmosphere, which then occasion a new form of disease, and at last the latter may proceed farther as a contagious disease.”|| Or, 2, we may grant a spontaneous origin of the infecting matter in patients.”

Henle's treatise contains much interesting matter, and extends to 82 pages. It is my intention, in the present communication, rather to state my own views than to comment on the opinions of others.

As the existing theories of epidemics were, to me at least, unintelligible, I adopted the doctrine of the propagation of disease according to the laws of organic life, long before the discoveries of Andouin and Schonlein; yet nothing occurred to induce its publication until August, 1845, when I received a circular from the committee appointed by the Legislature to investigate the quarantine laws of the port of New York. A short account of my views was hastily made out and sent to the editor of this Journal, in which it appeared on the fifth of September of the same year. At that time I knew nothing of what had been done by Andouin and Schonlein.

Before making any remarks on epidemic diseases, I shall offer a few observations on

1. *Hectic Fever*.—Abnormal pressure at or near the extremities of nerves, as a foreign body in the eye, a splinter under the nail, parasites in the skin or bowels, the formation of pus, or the pressure of inflamed and thus dilated vessels, produces fever. If we admit, as we may from various phenomena, that while awake, the extremities of the nerves are in a certain state of erectility, the relaxation which occurs during sleep will bring them more closely in contact with pus or other foreign matter, and thus produce that re-action of the nervous and vascular systems which constitutes fever.

* Path. Unters., § 30. † Idem, § 59. ‡ Idem, § 61. || Idem, § 62.

2. *Ecanthemata*.—It is assumed that the seeds of the exanthemata are received into the blood by the air passages, and deposited in the skin and mucous membranes; and that each elevation is a living vegetable-like individual, which grows and yields its seed, and after the period allotted to its existence withers away. The exanthemata vary not only in the degree of local irritation, but also in the constitutional effects of the poison they themselves produce; thus some of them show merely inflammatory symptoms; whereas others, as typhus fever, exhibit little irritation, but much poisonous effect. The virus of the latter is so strong, that in the neighborhood of the parasites the blood is decomposed, and leaves depositions of extravasated fluid, forming petechiæ and vibices.

Disease producing parasites may be propagated on bodies exterior to the individual capable of being infected. Andouin and Montague ascertained that the fungi of muscardine could grow on damp moss, and even on inorganic bodies. Dr. Fell, of New York, observed on the face and scalp of individuals a species of tinea, which was produced by parasitic animalculæ abounding on the leaves of the paper mulberry. There is reason to believe that typhus can be propagated in a similar manner, as it is said that it can be traced to the inhabitants of a peat bog district situated in certain latitudes, and that it is unknown in tropical regions. Nothing is known of the other exanthemata being thus produced.

3. *Intermittent Fever and Hooping Cough*.—The following observations of Schonlein* may serve as the basis of an explanation of the periodicity of intermittents. It is hoped that they may receive the attention of pathologists in America, where periodical diseases are more frequent than in Europe.

After noticing the obscurity of our knowledge of the pathology of this class of diseases, and the few opportunities he has had for *post-mortem* examination, Schonlein remarks that the liver and spleen have been found morbidly affected, but observers have entirely neglected the examination of the parts which principally participate in the phenomena. "In a patient who had been formerly long treated here in the hospital, and who afterwards died of epilepsy, there were found along the plexuses surrounding the aorta peculiar secondary formations, from the size of a lentil to that of a pigeon's egg, which were very similar to tubercular masses, and which by compressing the nerves and ganglia of the abdomen had occasioned the epilepsy. We have observed similar appearances on the phrenicus and vagus in tussis convulsiva. These secondary formations were arranged like a rosary, and strikingly brought to mind the deposits on the conducting wires of a galvanic battery."

If we consider the irritation produced by a foreign body, not larger than a grain of sand, upon a nerve, we must acknowledge the difficulty of confirming the observations of Schonlein; especially if that body be of the color of most tubercular concretions, which is that of the nerves themselves. We cannot wonder, therefore, that similar deposits have escaped the notice of other pathologists. Until more satisfactory data are furnished, I shall assume that intermittent fever is caused by inhaling

* Vorlesungen, Band. iv. § 6.

the spores of a fungus growing on decomposing organic matter ; that the spores are received into the circulation and deposited on branches of the sympathetic ; that the periodical development of these deposits occasions the chills and vascular re-action ; that the symptoms cease when the nerves are accustomed to the foreign body, and are again renewed by another development, which in tertians occurs every third day, just as spores have been observed to form always on the fourth day in the fungus of muscardine.

The difference between intermittent fever and whooping cough seems to be this :—the development of the parasites in the former is regular, and in the latter irregular ; the pressure of foreign bodies in or near the nerves of the lungs occasions efforts to throw them off by convulsive expirations ; in irritation of the sympathetic, when it is first acted on by pus, as in abscesses of the liver and spleen, chills and fever are more decided than in suppuration of any other organ : intermittents are the result of indigenous parasites ; whooping cough is the result of occasional visitors, which sweep along a country, and are sometimes intercepted by mountains and woods.

Contagious and non-contagious diseases differ in this respect : in the former the parasites are propagated on the skin and mucous membranes, and their minute shoots or spores when developed, diffused through the surrounding atmosphere, or otherwise brought in contact with surfaces capable of being infected ; in the latter the spores are detained in the fluids, and are probably decomposed before they are evacuated.

4. *Hydrophobia*.—It is generally admitted that diseases, as well as plants and animals, become altered by circumstances. Variola, after having passed through the cow, becomes vaccinia ; the solanum tuberosum, which is poisonous in its original state, becomes wholesome by cultivation ; and the working bee can be converted into a queen. We may therefore infer that animal or vegetable parasites, which are innocuous in one class of animals, may be fatal to others.

If there be any truth in the report that the tartar on the teeth consists of the microscopic shells of animalculæ, we must infer that animalculæ are contained in the saliva ; and it is as reasonable to suppose that animalculæ can be propagated in the secretions of the salivary glands as in those of the testis. When the salivary animalculæ of another animal are introduced into the blood of a dog, they will find their way into the salivary glands ; the exotics may produce no unfavorable symptoms till their development, when they become a source of irritation, producing sublingual pustules, spasm of the œsophagus, and the other distressing symptoms of hydrophobia. The animalculæ thus altered may, when proceeding from the dog, be not only more readily absorbed and propagated, but also more virulent than those of other animals.

This apparent resuscitation of the popular notion of hydrophobia arose from reading the above account of the microscopic appearances of tartar, and the experiments of Dr. Wright, who found that after injecting his own saliva into the jugular veins of dogs, the animals appeared to have completely recovered from the injury, but afterwards became rabid ; whereas no secondary effect was produced by injecting artificial solutions similar in composition to the saliva.

I have thus endeavored to show that the exacerbations of epidemic diseases arise from the periodical development of vegetable or animal parasites, as the periodical flow of the catamenia arises from the maturation and emission of an ovum; and that the symptoms vary with the functional peculiarities of the nerves affected.

New York, Oct. 1, 1849.

SENSITIVE ATTRACTION.

[Communicated for the Boston Medical and Surgical Journal.]

SENSITIVE attraction is the principle which organizes inorganic matter. If you cut off a slip of willow, currant bush, or Chinese mulberry, and insert it in the moist earth, a new organization immediately results. Roots are immediately called out of that part of the slip in contact with the earth and its contents. This new organization takes place from the attraction of the living stem, or of the particles of the stem, for earth and its contents. Bring these substances in contact, and the new form takes place. From a section of stem or shoot a new organ or set of organs is produced, performing a function or an office entirely different from the part of the tree it proceeds from. The roots are a new form of vegetable matter, necessary to the existence of the tree or plant. Separate the substances, and the twig dies. In the immensity of natural phenomena, perhaps there is none more wonderful than this, which shows the great diversity of principles by which the Creator operates. No known species of attraction could produce such a result.

The vegetable world is full of novelty and wonders; and nowhere do we discover more than in the diversity of properties and characteristics, which exists in the juices or sap of plants and trees. In one tree, as the pine, we discover a terebinthinate fluid, sticky and hot to the taste. In another, as the maple, a sweet fluid, remarkable for its liquidity. In a third, as the oak, we find an astringent fluid. In a fourth, as the barberry bush, a sour fluid. In a fifth, as the milk-weed, a thick, white, soporific fluid. In a word, the sap of trees and plants is almost as various in its medicinal and sensible properties as is their species. In the animal kingdom, the blood, the sap of the animal, in all the great variety of species, varies but little, either in its sensible or chemical properties. This uniformity in the vital fluid argues a greater uniformity of organization in the animal than in the vegetable world. The variety of properties in vegetable sap must arise from a glandular structure of the roots. To what other organization can we attribute the difference between the sap of one tree or plant and another? The roots of the pine are nourished by the same substances as those of the oak, maple and milk-weed; but behold the difference in the substances eliminated! The same glandular structure is manifested in the fruit of trees and plants. In truth, not only the roots and fruit of trees and plants seem to possess a glandular structure, but each and every part betrays a share of it. This action, be its nature what it may, evidently

results from sensitive attraction like the glandular action of the leaves, produced by the solar fluid, air and moisture.

In demonstrating the law of gravitation, no artificial experiments were needed. Every falling body was an experiment. It was only necessary to prove that certain light bodies which ascended or floated in the air, would also fall, in a vacuum, or where the air was removed. Experiments were instituted to show the proportion which the degree of attraction between bodies bore to the distance between them, and to prove other laws which flow from the law of gravitation. As little need is there of experiments to prove the existence of sensitive attraction. The direction of every tree and plant we behold, the gyrations of every tendril and vine, the conjunction of the pollen with the germ, the ascension of the sap against the force of gravitation, and the elimination of roots from mere cuts or twigs, are all experiments daily tried before our eyes. It only needs observation to arrange them into order, and to deduce from them the general law which they indicate.

There are some facts which appear to militate against the entire agency of the solar fluid in causing the perpendicular direction of trees and plants, but these are all explicable from the action of other forces. The agency of air and moisture is constant. Both are as much present in the winter season, as in the summer when the growth of plants in this latitude takes place. Most of our trees are deciduous, or shed their leaves from the absence of the solar fluid or that degree of it necessary to their growth. In the torrid zone, where the influence of the solar fluid is more even, the same trees are evergreen. The solar fluid, therefore, is the sole cause of the perpendicular direction of plants and trees, or rather the attraction between it and them. If more proof is necessary, cut the top from a carrot and suspend it by the little end of the root in a light room where a summer temperature is kept up constantly. This is often done in winter, as a matter of curiosity and amusement. In a short time new sprouts appear, but instead of pointing to the floor, perpendicularly downwards from the ceiling, they make a turn and point upwards, where there is most heat and light—the upper part of a room being always the warmest and lightest, from the ascension of hot air and reflection of light from the walls. A beet, turnip, onion, potato or any other tuberous or bulbous root, will answer as well. All new shoots from the stumps of trees are found growing in perpendicular direction, although they sprout from the side, and are obliged to make a turn in order to grow erect. If you truncate a tree a considerable distance from the ground, the new shoots grow still more perpendicularly. Here the resistance of the main stem is removed, and the attraction between the solar fluid and the shoots has no force to contend with but gravity, which it effectually overcomes. If a potato is thrown upon the bare earth in the open air, the tops shoot up in a perpendicular direction; but if placed on the ground in a dark cellar, the tops lie upon the ground and grow horizontally. It seems, therefore, to be susceptible of demonstration that the upward direction and motion of plants and trees is caused by an attraction between the solar fluid and their leaves, flowers and stems.

If the principle of sensitive attraction is correct, as it has been illustrated, an apple tree may be made to grow tall and straight, like a cedar or a forest oak. It may not attain to an equal height with them, since different limits are set to the height of different species of trees; but if yearly denuded of all unnecessary limbs, and of its blossoms that occasion a weight of fruit and consume a great amount of sap, its height would eventually surprise us. In the nursery, when young it is a tall and straight tree, and growing in the forest its height is much greater than in the open field.

When nitric acid and potash are placed in contact, a new substance is produced, a crystalline salt, called saltpetre. This new substance, we say, is the result of chemical attraction. The affinity between the acid and the alkali effects this new order or formation. In like manner, the principle of sensitive attraction effects a new organization by placing the slip of a tree in contact with moist, warm earth and vegetable matter. It organizes inorganic matter as chemical attraction produces new formations. The nature of the principle is just as hidden and mysterious in the one case as in the other. The roots are an entirely new organization, which did not and could not exist until the slip was placed in contact with the inorganic substances to which it holds an affinity. Thus a whole tree may be converted into roots.

If a root of the elm, apple or oak tree is cut off and the large end raised up to the surface of the ground or within a given distance of the surface, another new organization is effected, as soon as the root comes in contact with the atmosphere and the solar fluid—a stem with buds, leaves, flowers and fruit, is produced. This organization did not exist in the root before it was placed in contact with the air and the solar fluid. There was merely a principle of attraction existing between the root or the large end of the root, and the solar and atmospheric fluids. We say the large end or upper end of the root, because there appears to be a kind of polarity in both roots and stems. We know, from abundant observation, that the upper end of a root and the lower end of a stem when placed in opposite circumstances form different organs. The root in contact with the air and solar fluid is changed to a stem, and the stem in contact with the earth is changed to a root. There then exists an affinity between the lower end of stems or shoots and the earth and its contents, while the upper end or top holds an affinity for the atmosphere and the solar fluid. Whether roots and slips grow in a reversed order, we have never observed: we only know that this is the order in which we have usually witnessed them, and infer a stronger disposition in the lower end of a twig to change to a root, and a stronger tendency in the upper end of a root to change to a stem, than the reverse.

D. B. SLACK.

Providence, R. I., Oct. 3d, 1849.

TRIAL FOR MAL-PRACTICE.

[Communicated for the Boston Medical and Surgical Journal.]

At the June Term of the Orange County Court (Vt.), Justice Redfield presiding, was tried a cause of some little interest, between R. C. John-

son, *plaintiff*, and Drs. Poole and Carpenter, *defendants*, all of Bradford, of said County.

On trial, the evidence was substantially as follows. Late in the winter of 1846—'47, the plaintiff fell from a sheep rack, about two and a half feet, and by a shock upon the outside of his right foot caused a fracture of the tibia within its lower third, obliquely upward and outward. The foot, when found, was drawn inwards; the upper end of the lower fragment of the tibia approximated the fibula, and the lower end of the upper fragment overlapped the lower fragment, and *seemed* to project, or be more prominent than natural. There was no deformity discernible upon the fibula.

The witness who found the patient, and removed his boot, before the physicians had arrived, gently took the patient's foot in his hand, and brought it into its regular position, whereupon the fragments came together, and the pain, which had before been severe, was relieved, and the leg was restored to its natural appearance, and said by the witness to be "set."

When the defendants arrived, they made careful examination to see if the fibula had been fractured, and were confidently of the opinion that it had not. They therefore put on the dressings usually applied to such fractures as they supposed the one in question to be, and in eight and forty hours one of the defendants made the patient a call and gave him some medicine (although some question was made of this), and the leg was carefully dressed at the end of four days, and once in about four days until the thirty-eighth day, when the splints were removed, and a lighter species of dressing applied, and the patient directed to carefully try a little use or exercise of the limb.

About twenty-four hours after the fracture, the limb in question and foot were found to be immensely swollen, and "pitted," as they say, to indicate an oedematous swelling. This swelling continued until many weeks after the heavier dressings were removed; and to all appearance, the limb had been doing well, and no complaint had been made of pain.

But about three or four weeks after the dressings had been removed, as above, a slight prominence, or protuberance, was found at the point of fracture on the tibia, to which the attention of the physicians (def'ts) was called. That there was considerable deformity they readily admitted, but how it had been occasioned was not so clear. Different surgeons found different results on measurement. Some made the tibia to overlap half an inch, some a quarter, and most of them between a quarter and an eighth. Various methods of admeasurement were resorted to, needless to specify, and perhaps none of them very accurate.

It was also shown, on the part of the defendants, that some twelve months previous to the injury of the leg, the plaintiff had received an injury of his arm, which had, up to the time of the fracture, resisted every effort of the healing art, but recovered in a short time afterwards. The arm had become much emaciated and was of a cadaverous appearance, and it was supposed that there had been an injury of a nerve.

It was also shown, that during the succeeding summer and fall, the plaintiff had been somewhat rash in the use of the leg; and as late as

November of the year 1847, it was considered by the plaintiff himself that the deformity was increasing.

The case turned on the testimony of Dr. Dixi Crosby, of Hanover, N. H., and of the family of the plaintiff. The former testified, that, in his opinion, both bones had been broken, although it was not possible for him to locate the fracture of the fibula, which is now seemingly whole and in its place. There was *some* shortening, and this, he said, could not be accounted for on any other hypothesis. The leg was carefully dressed, and among other things, the dressings consisted of two well-shaped and padded splints, extending from the knee to below the foot, and all enclosed in a box fitted for the occasion. This, Dr. Crosby testified, would be amply sufficient in a simple fracture of the tibia; but said that whenever there was any doubt whether the fibula had been fractured or not, he always in the first instance put on permanent extension. He also testified that he considered it necessary for the surgeon to see the fracture every day for a week; or, at least, he said that this is his custom, and is generally anxious if not sure to see him the next day after the setting of the limb, or bone. It was urged that there had been no fracture of the fibula, but the testimony went to show that the shortening of the limb could not take place without it. The *first dressing*, all admitted to have been soon enough; but Dr. Crosby considered it the duty of the physician to see the patient every day, and the family swore against these curiosity calls; and although the patient had paid for medicines delivered at one of them, the second day after the fracture, yet it was successfully urged that paying for medicine and a visit is no sign that the doctor was there, or that the patient had the medicine. It was considered more rational to suppose that the doctors—cunning, wily fellows!—charged the medicine and visit for the purpose of testimony, and that such circumstances should not prevail against the negative testimony of the family.

The largest number of the medical witnesses considered it not of vast importance that the physician should amplify around a set leg a great deal for the first three or four days; but all considered that at the period of the formation of the callus, it is important to have the fragments in position, and at rest. Of the number of visits, and close attention, from the fifth day, no complaint could be made without disputing all the items of the bill, which had, singularly enough, been paid; but during the first few days, there was but one visit charged (a casual one), and the sum being trifling, here was put in the lever of the prosecution.

The Court, in its charge to the Jury, said, that as appeared by Dr. Crosby's testimony, there was one method of treatment which would have been safe; and the Court was disposed to hold the physicians to the strictest responsibility. Extension, it appeared, would have been the safest course; and as the doctors neglected this, they could not well be excused.

The union of the limb is complete, the foot apparently natural in its position and motion, and no impediment to the free use of the leg, saving the stiffening of the muscles on account of inaction, and perhaps chronic inflammation at the joint. He uses the limb about as well as ever.

The Jury gave verdict for plaintiff for five hundred dollars. The case is reviewed, and to be tried again next Term of the Court.

The defendants are physicians of good standing, and live in the vicinity of Dr. Crosby's practice. The plaintiff had, previously to his suit, been a patient of Dr. Crosby.

Dr. Crosby's testimony upon the main points, method of treatment, and attendance, was at variance with the testimony of the other witnesses, as they all said that when they found no fracture of the fibula, they put on no permanent extension. The doctors in this case had no doubt. They put on extension, said the rest of the witnesses, when they found, on subsequent visits, that they had been deceived in the nature of the fracture in the first instance. Dr. Crosby, no doubt, intended to do justice to all parties, although his testimony was strongly for the plaintiff, as evidently were his feelings.

R. M. K. O.

GALVANIC ACUPUNCTURE.

[The following, from the Foreign Department of the London Lancet, describes an operation, which, though not very promising as a remedy in ordinary cases of aneurism, may, notwithstanding, at times prove of advantage.]

M. ABEILLE, assistant physician to the Hospital of Val de Grace, at Paris, lately brought before the Academy of Medicine a case of aneurism of the subclavian artery, which he succeeded in obliterating by galvanic acupuncture. The subject is a maiden lady of sixty-five, and the aneurism was as large as a hen's egg. The patient having been put under the anæsthetic effects of ether, four steel needles, two inches long, and one line in diameter, were thrust into the sac in pairs, to the depth of about three-quarters of an inch, and these were put in communication with a galvanic trough, containing twenty couples. The poles were then alternately put in contact with each pair of needles, and this contact never lasted more than twenty minutes. The tumor soon diminished in size, became firmer and more resisting; its pulsations gradually disappeared, and the beating of the radial artery stopped. The galvanic apparatus acted upon the needles for thirty-seven minutes. When the tumor became quite hard, and presented no more pulsations, the needles were withdrawn. A few drops of blood escaped by the apertures left, and the skin was a little scarified around the latter; a cold compress was applied on the tumor, complete rest enforced, and strong pressure applied on the course of the artery. This pressure was kept up for about ten hours. On the next day a slight vibration could be perceived in the tumor, but the radial pulse had quite disappeared; the whole arm and forearm were very cold, and the seat of a very uncomfortable formication. Motility of the fingers was abolished. From the third to the fourth day the pulse at the wrist re-appeared, the little eschars fell off, and on the fifth day the tumor began to decrease. Thirty-seven days after the operation, there was no prominence of the skin to be any longer distinguished. The artery, three months afterwards, seemed to have slightly increased

in size. The patient was seen repeatedly for two years, and the cure was completely maintained.

M. Abeille, after the report of this successful case, gave the Academy some details respecting a certain number of experiments on galvanic acupuncture performed upon dogs. The trough was made to act for five minutes on the femoral artery of a dog, the needles having been thrust through the soft parts. The animal was killed two days afterwards, and a plug, one inch in length, was found; it extended to the next collateral branch, was very consistent, and already adhered pretty firmly to the parietes of the vessel. The concentric layers could be distinguished very plainly by a transverse section. In the second experiment the artery was laid bare, and acted on as above. The dog was left to himself in a room for twenty-four hours, then operated upon in the same manner on the other limb, and killed the next day. Both arteries were examined carefully, and divided transversely two inches above and below the plug. On introducing a stilette by the superior or inferior aperture, its progress was steadily resisted by a hard body closely adhering to the parietes of the vessel. The plug, on being laid bare, presented the same aspect as the one mentioned above, and the same results were obtained in the eight experiments which followed the two which have just been described. The author has never noticed any inflammation in the various arteries upon which he had experimented, except the pseudo-membrane which connects the plug with the vessel be looked upon as the result of phlegmasia. This membrane, which really is the consequence of an inflammatory process in the internal coat of the vessel, will be produced whenever the obliteration of an artery takes place, howsoever this state may have been brought about. It is therefore not the direct consequence of the galvanic agency. As to the value of the operation, the author adduces the following remarks:—The pain produced by galvanic acupuncture is far beyond any other, and this fact alone would be sufficient to give the ligature the preference whenever the latter can be used with advantage, as for instance, in aneurism seated on the limbs. The dangers of acupuncture, and the accidents to which it may give rise, are equal to, if not above, those which may follow the ligature of a vessel. Acupuncture may cause hæmorrhage when it is not successful, or cauterization of the skin, and the parietes of the sac, if very great precautions be not taken; inflammation or suppuration of the latter, and very serious consecutive hæmorrhage &c. If the galvanic operation were less painful than the ligature, it might be tried first, and tying of the vessel had recourse to in case of failure. But it frees the patient neither from pain nor danger, and will never stand as high as the ligature in aneurisms situated on the limbs. In short, acupuncture may be of great assistance in certain exceptional cases, in spite of the atrocious pain it produces. This is the only advantage which may be conceded to it. This advantage would, however, become immense, if it became very evident, by a series of facts and pathological specimens, that coagulation is the constant effect when galvanic acupuncture is performed upon human blood. The Academy has appointed Messrs. Roux, Poiseuille, and Gimelle, to report upon this paper. It is gratifying to find the author of a paper on a peculiar ope-

ration, and who can boast of a successful case, to be so very sober in his laudations, and so conscientious in the pointing out the various disadvantages of the process. M. Petrequin, of Lyons, who originated the use of galvanism for the cure of aneurisms, was rather more sanguine. M. Velpeau has tried it at La Charité, and met with several failures.

A FEW REMARKS ON THE TREATMENT OF NASAL CATARRH.

BY JOHN R. PRETTY, M.R.C.S.E., L.S.A.

THE fluid and dry diet has each its advocates for the cure of coryza. The advantages of warm drinks and good nursing, are—the restoration of checked perspiration—the removal of the intropulsive effects of cold—the diminution of fever, of the acrimony of the discharge, and of the tendency the inflammation exhibits to descend to the trachea, bronchi, &c.

The disadvantages are—the confinement required, and the debility and relaxation produced, rendering the patient, who was previously in a probably enervated state, still more so, and when cured is in a condition most favorable for a return of the disease.

The dry diet imposing an almost “total abstinence from liquids,” as recommended by Dr. C. J. B. Williams, has the advantages of curing the patient within “48 hours;” requires little or no alteration in the kind of food taken—scarcely any nursing—cannot relax the patient or leave him more liable to a return of the complaint.

The disadvantages are—the self-denial required; the undiminished (I think increased) acrimony of the discharge, accompanied, according to my little experience, with a greater tendency for the inflammation to descend to the chest.

A third plan of treatment has been advocated in the *Medical Gazette*, June 1st, by Dr. Lockwood, U. S.—the painting with a camel-hair pencil the Schneiderian membrane with a solution of nitrate of silver. Dr. L. states, that he has adopted this practice for nearly a year with immediate success when applied at the commencement of the attack.

I have for a period of two years adopted a plan of treatment more easy, and with much success, and which I imagine would be less objected to by patients, viz., the injecting the nostrils with a solution of sulphate of zinc (about gr. iij. to ℥ i. of water). I order the patient to fill a 1 oz. pewter syringe, and inject each nostril once or twice, and whilst doing so to stoop over a basin. When the injection has been used at the commencement of titillation in the nostrils, I have found it cut short the attack. If the complaint have proceeded farther, I have found it better to wait for the vessel's commencing disgorgement by the discharge, for if not, the injection causes for a few seconds aching about the frontal sinuses, and does not prevent the discharge occurring. Usually injecting the nostrils once is sufficient; the discharge may, however, return, when the injection will be again required. Sometimes the nostrils in severe cases have to be injected three or four times.

When a patient complains of coryza, and is unable to get rid of it, I

have found the injection stop a discharge, which has existed for several days, in ten minutes. In such cases, with a relaxed state of the Schneiderian membrane, the utility of the injection will be most marked; and it is exactly in these cases that the fluid plan of treatment will be found injurious.

Great susceptibility to coryza may arise from an atonic state of the vessels of the pituitary membrane, besides a relaxed state of system and increased perspiration. If under these circumstances the injection be used, this liability to nasal catarrh will be greatly removed.

The usual prophylactic treatment can at the same time be most advantageously employed, viz., curtailing the amount of fluid, not allowing any to be drunk hot; using the flesh-brush and tepid or cold bathing where admissible.

When a tendency to phthisis exists, it is most important to guard against cold, for with coryza the lungs may suffer from inflammation descending from the Schneiderian membrane, or from respiration being confined to the mouth.

The nose is nature's "respirator," and when its lining membrane is too swollen to allow of breathing through it, the air passing unwarmed to the larynx, proves an additional excitant to disease. Frequently persons with severe coryza, after having been confined to a warm room during the day, retire to a cold bed-room for the night; they cannot as usual breathe through their nostrils, and if something be not kept over the mouth, they often awake with a sore throat and cough. At such a time, a respirator worn at night is most useful in preventing these.

When an instrument of this kind is required, I would recommend to the notice of the profession, Mr. Roof's Inspirator, for the easy respiration it permits, producing a warm, moist atmosphere, without becoming clogged by moisture. Another advantage in its construction, is the use of very fine tubes instead of wire gauze, and a valve for preventing the expired and inspired air commingling; and thus a supply of pure air is insured.

I am surprised that coryza has not been usually treated locally as well as generally. However, as sulphate of zinc and nitrate of silver are found useful in inflamed conjunctivæ, this may be an inducement to try them when the Schneiderian membrane is similarly attacked.—*London Medical Gazette.*

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON. OCTOBER 17, 1849.

Deaths by Cholera in Boston, 1849.—We are indebted to Mr. Simonds, the City Registrar, for the following return of the deaths by cholera in Boston, during the past season. It is probably as complete as any report of the kind can be made. Some deaths by the disease may have occurred which were not reported; but not more, it is presumed, than may have

been erroneously returned as cholera cases. There is no means of knowing the total number of recoveries from the disease in the city, as physicians were not called upon to furnish anything but the causes of death. In the cholera hospital it appears, by the report of the physician, that the whole number of admissions was 262, of whom 175 died, or nearly 67 per cent. The ages of the individuals who died are not stated below, but a very large proportion of them are known to have been of middle age—as has been the case, it is believed, wherever the disease has prevailed.

The first death by cholera occurred June 3d, and there were seven other deaths in that month. During the month of July, the greatest number in a day was six. The disease became epidemic about the 1st of August, as follows :

In June,	8	August	21,	3	September 13,	4
July,	52		22,	12	14,	1
	— 52		23,	6	15,	3
August 1,	4		24,	14	16,	6
2,	12		25,	15	17,	2
3,	21		26,	13	18,	4
4,	8		27,	5	19,	5
5,	13		28,	16	20,	0
6,	18		29,	13	21,	1
7,	12		30,	22	22,	1
8,	22		31,	11	23,	0
9,	7		—	418	24,	1
10,	18	September 1,	1,	11	27,	1
11,	5		2,	14	28,	1
12,	22		3,	10	29,	1
13,	23		4,	7	30,	1
14,	16		5,	8	—	133
15,	14		6,	4	RECAPITULATION.	
16,	14		7,	8	In June, - - -	8
17,	20		8,	13	July, - - -	52
18,	14		9,	9	August, - - -	418
19,	13		10,	7	September, - - -	133
20,	12		11,	5	Total, - - -	611
			12,	5		

The birth-places of the deceased, as near as can be ascertained, are as follows:—Born in Boston, of whom many were of foreign parentage, 79; Massachusetts out of Boston, 34; New Hampshire, 14; Maine, 16; Vermont, 5; Connecticut, 4; other American States, 11; Ireland, 379; Scotland, 12; England, 14; British American Provinces, 14; Germany, 3; France, 3; other foreign countries, 8; not ascertained, 15.—Total, 611.

Boston Fee Bill.—A manifest desire is apparent to increase the price of medical attendance in this city. Our individual opinion in respect to it is, that it would be ridiculous to raise the tariff of charges, when it is scarcely possible to collect half our fees under the present system. Such is the reputation of some physicians, surgeons and obstetricians, that they command the first class of practice, and can always get the highest fee; and would continue to do so were it raised five hundred per cent. on the fee bill, while the young physician would absolutely starve, instead of being benefited, by this paper augmentation. Society will reason thus: If the charges have been raised so much, and the physicians have agreed to stand by each other in the matter, it is extortion, and we will never call unnecessarily; but if we are compelled to have medical advice, let us employ the most distinguished men in the profession, those of renown, for it actually costs no more than to call in one who has not been in practice a fortnight. Economy, that sober, calculating element of New England character, would lead to reasonings like these, and the result

would be, that very many who need encouragement would have none at all. Those who are staying, hoping and starving, would be obliged to flee to some favored region, where fee tables had never been increased. It would be a curious inquiry to ascertain how many physicians exact and collect their accounts, made up by the present schedule of charges. How absurd it is to make out a bill of ten dollars, and receipt it for two! We are obliged to carry out the charge in full in our bill, and present the bugbear, but at the same instant muzzle his jaws by deducting some part, which is tacitly admitting we shall never have the individual's patronage again if this course is not adopted. No other class of men ever thought of such a show of wooden guns—and is it strange, then, that Boston physicians are said to be very unmercantile in the management of their accounts? As the Quaker tailor said about a torn garment—the least said, the sooner mended. The more the fee-bill is meddled with, the worse it is for us all.

Imported Adulterated Drugs and Medicines.—M. J. Bailey, M.D., special examiner of drugs and medicines imported at New York, read a report, in June, before the Academy of Medicine in that city, "On the practical operation of the law relating to the importation of adulterated and spurious drugs and medicines," which has been published by order of that very competent scientific tribunal. The fact is beyond contradiction, that some of the appointments of drug inspectors by the late national administration, were a burlesque—nay, more, were perfectly ridiculous. Men were set at the portals of the custom-house to decide upon the value of drugs and chemicals, whose qualifications disgraced the office, sickened men of science, and led the medical profession, especially in New England, to look with contempt upon a law, wisely enacted, but left to be administered by political dough-heads, having neither literary nor scientific claims. Fortunately for importers in New York, Dr. Bailey, whom we have the pleasure of knowing, is competent, zealous, and sound in judgment. Of his scientific qualifications, this report is a living evidence, and the government is congratulated in having one inspector of drugs and medicines who can write understandingly and acceptably on the operation of the new regulations. Is there another drug inspector on the coast whose qualifications would give him admission to the College of Pharmacy, or to a medical society in the United States? One of them, to our certain knowledge, is not a physician—never attended a course of lectures on chemistry, and is so profoundly ignorant of the business he is expected by the government to conduct, that he is a subject of derision to importers, and all others who ever heard of the appointment. Dr. Bailey pounces upon certain dealers, with the determination of a man who feels his responsibility to the community. Such fearlessness, among all the inspectors, with like excellent preparation for determining the value of articles, would soon put an entire stop to the shipping of spurious medicines to this country. We are not able, on the present occasion, to give statistical relations of the enormous amount of cheating that has heretofore been practised, but we may do so hereafter, and introduce a few extracts from the report by way of exhibiting the vigorous oversight of Dr. Bailey, who is deserving of the highest commendation for his official intelligence, science and activity.

Dandelion Extract.—Dr. Dyer, of the Enfield, N. H. Shaker Community, has succeeded in manufacturing an excellent article. His extract

of dandelion will soon have a reputation that will very materially affect the importation of the English extract, if care is maintained in preparing it. If the evaporation is conducted over a water bath, the burnt taste, which is particularly objectionable in some specimens of this country's production, would be avoided, and the physician would soon discover that there is both economy and curative advantages accruing from giving encouragement to home prepared extracts.

Serpentine Spring Supporter.—Messrs. Wilson & Morrison, of Keene, N. H., are the manufacturers of an excellent spino-abdominal supporter, which takes its peculiar name of *serpentine*, from the freedom of motion in that part of the instrument intended to support the vertebral column. A specimen of this invention has been on exhibition at the fairs, and elicited the commendation of physicians. Whenever the patentees place them in the city, for sale, we shall be gratified to point out the advantages and merits which the Serpentine Spring Supporter may possess over others now in market.

Accoucheur's Chair.—Newman W. Smith, M.D., of Amherst, Mass., has been exhibiting, to the profession of Boston, a curiously constructed chair, to which the above name is given. It is quite impossible to describe particularly the mechanism so that any one would understand what kind of thing it is, and we shall not therefore attempt it. There are lots of legs, that may be screwed to any desirable angle; inclined planes, as convenient and comfortable as could be coveted under any circumstances. There are also here and there appendices, which are invariably sought for, instinctively, under certain circumstances, not easily indicated in a paragraph, yet recognized, in connection with the framework of the chair, as excellent devices. Dr. Channing, and those gentlemen who are especially conversant with what is and what is not a desideratum in practical obstetrics, must decide the fate of Dr. Smith's accoucheur's chair. While conducting an examination into its singular combination of levers, hinges and points of resistance, the idea occurred that it would be excellent for a patient in lithotomy. No arrangement of place or position, while being operated upon for stone, would compare with it. If Dr. Dudley, of Kentucky, the great and most fortunate lithotomist, it is presumed, in the world, were to see this, it strikes us that he would order one exclusively for an operating chair.

Chocolate and Broma.—Broma, an admirable preparation, alike agreeable to the well or sick, has acquired a reputation which we think it certainly deserves. A few years since, a great manufacturer of broma, Mr. Baker, of Dorchester, Mass., sought the opinions of many medical gentlemen of distinction, for the purpose of having an unobjectionable food for invalids, and he was assured that he had fully succeeded. Hospitals, infirmaries, and households generally, should always be provided with it. When gruel, arrowroot, groats, barley, starch, rice, farina, and many other things ordinarily resorted to for patients are of no utility, the broma is sometimes relished. It is believed that those who use it as a daily beverage will have manifest dietetic advantages over the consumers of tea and coffee. We see it stated that during the last summer those indivi-

duals who were habitually using chocolate or broma, neither had attacks of cholera or dysenteric affections, while others in the same families, taking their daily potations of tea, coffee, or simple cold water, were the sufferers, if any. We cannot vouch for the truth of this, but it has recalled to mind the statement that the oil dealers in London have been free from cholera or the choleroïd symptoms. And it has been further observed here in Boston, that persons who were taking cod-liver oil for chronic difficulties, during the prevalence of the late epidemic, were not affected by it. Vegetable oil in the first instance, and animal oil in the last, taken internally, would appear, by these statements, to have secured those who took them from the shafts of the pestilence. It is certainly a point well worth while to determine, whether the chocolate drinkers have been secure in other infected cities.

Ancient Method of maintaining Health.—That very learned and universally celebrated philosopher, Lord Bacon, "had extraordinary notions respecting the virtue of nitre, and conceived it to be of inestimable value in the preservation of health. So great was his faith, that he swallowed three grains of that drug, either alone or with saffron, in warm broth, every morning for 30 years! He seems to have been fond of quacking himself; once a week he took a dose of the 'water of Mithridate,' diluted with strawberry water. Once a month, at least, he made a point of swallowing a grain and a half of 'castor' in his broth and breakfast for two successive days. And every sixth or seventh day he drank an infusion of rhubarb in white wine and beer immediately before dinner. He made it a point to take air in some high and open place every morning, the third hour after sunrise; and, if possible, he selected a spot where he could enjoy the perfume of musk, roses and sweet violets. Besides thus breathing the pure air of nature, he was fumigated with the smoke of lign-aloes, with dried bays and rosemary, adding once a week a little tobacco. On leaving his bed he was anointed all over with the oil of almonds, mingled with salt and saffron, and this was followed by gentle friction. He was rather a hearty feeder, and when young, preferred game and poultry, but in after life gave the choice to butcher's meat, which had been well beaten before roasted. At every meal his table was strewn with flowers and sweet herbs. Half an hour before supper he took a cup of wine or ale, hot and spiced, and once during supper wine in which gold had been quenched. The first draught which he drank at dinner or supper was always hot, and on retiring to bed he ate a bit of bread steeped in a mixture of wine, syrup of roses and amber, and washed it down with a cup of ale to compose his spiritus and send him to sleep."

Transactions of the American Medical Association.—The second volume of the Transactions was put to press immediately after the adjournment of the Association, and every effort has been made by the committee of publication for its early appearance. The default of authors, however, in not furnishing their reports, and the delay caused by the transmission of proofs to a distance, have baffled all the efforts of the committee. The reports have at last all been received, and the printing will be proceeded with as rapidly as possible. It is believed that the volume will exceed eight hundred pages, of which about five hundred and fifty have been printed.—*Philadelphia Medical News.*

Twiggs County Medical Society.—This is the title of a Society recently organized at a meeting of the profession at Marion, Georgia. The following are the officers:—*President*, Dr. R. A. Nash; *Vice-President*, Dr. Ira E. Dupree; *Secretary*, D. T. Jones; *Treasurer*, T. J. Johnson. The next meeting of the Society was to be held on the second Tuesday of September, in Jeffersonville.—*Ibid.*

Medical Miscellany.—Dr. Eleazer Hunt has been appointed post-master at Coventry, Conn.—M. de Remmer, formerly a banker at Hamburg, and who died lately at Naples, has left by will a sum of 100,000 fr. to be given to any person who shall discover a remedy for cholera. The execution of this legacy, should the case arise, is confided to the Academy of Medicine at Paris.—The British Homœopathic Association, of which the Duke of Beaufort and Marquess of Anglesey are President and Vice President, held a meeting lately, at which the immediate establishment of a London Homœopathic Hospital was resolved upon.—At Guilford, Conn., within a period of 14 months, 8 persons have died out of a population of only 3000, whose average age was 93 years.—A man recently died at Athens, Geo., who was the father of eleven sons. Five of them married five sisters. He had also 189 great-grand-children.—Dr. T. D. Mitchell, formerly of Cincinnati, has accepted the Chair of Theory and Practice in the Medical Department of the University of Missouri.—Child-murder is so common in the Chinese province of Fookein, that forty per cent. of the females are put to death as soon as born. The rich and poor are equally addicted to the horrible crime. All classes look upon female children as a burden.—In the city of Foochoo, are sulphur springs, of nearly a boiling heat. They are used by the poor for washing clothes, and for curing cutaneous eruptions.—Dr. Bayles, of Maysville, Ky., has extirpated an ovarian tumor, weighing 18 pounds, and the patient is represented to be doing well.—Government, at Buenos Ayres, has given orders to employ all the means recommended by the Tribunal of Medicine, to keep off the cholera from Chili, Peru, and neighboring States.—At North Shields there has recently been extracted from a woman's shoulder a needle which fifteen years ago entered one of her fingers.—A young woman at Syracuse, N. Y., named Susan Ford, gave birth to five living infants—two boys and three girls—all alive and doing well.—Dr. Martin, of Hinsdale, N. H., was fined \$75 for violation of the liquor law in that State, by the Court of Common Pleas—and yet he only sold it as a medicine, being himself a temperance man.—The mortality from cholera has rapidly declined in England.

MARRIED.—In Boston, Dr. Charles R. Thomas to Miss F. Matson.—Dr. H. R. Vaille, of Springfield, Mass., to Miss S. W. Lewis.

DIED.—At New Haven, Conn., Dr. D. H. Moore, 42.—In New York City, Josiah D. Stickney, M.D., 35.

Report of Deaths in Boston—for the week ending Saturday, October 12th, 78—Males, 43—females, 35. Of consumption, 4—apoplexy, 2—disease of the bowels, 10—burn, 1—convulsions, 3—cholera infantum, 1—canker, 1—child-bed, 2—colic, 1—croup, 1—dysentery, 9—diarrhea, 8—dropsy of the brain, 3—erysipelas, 1—typhoid fever, 3—typhus fever, 1—scarlet fever, 5—fracture of the skull, 1—hooping cough, 1—disease of the heart, 1—infantile diseases, 6—inflammation of the lungs, 1—old age, 1—pleurisy, 1—scald, 1—scrofula, 1—teething, 7—pneumonia, 1—drowned, 1.

Under 5 years, 38—between 5 and 20 years, 6—between 20 and 40 years, 18—between 40 and 60 years, 10—over 60 years, 6. Americans, 27; foreigners and children of foreigners, 51.

Spiritus Pyroxylicus (Naphtha) in Diarrhœa and Dysentery.—Dr. D. W. Yandell reports, in the Western Medical Journal, a large number of cases of these two diseases treated—most of them successfully—with the medicinal naphtha, or pyroxylic spirit.—Why is it, by the way, that nearly all our medical writers, in spelling the word naphtha, persist in omitting the first letter *h*? If such is an incorrect mode of spelling it, as we believe it is, it would seem a matter of sufficient importance to discontinue it.—Two only of Dr. Y.'s cases are copied below.

Dysentery.—Mr. A. F., a farmer, living two miles below Louisville, æt. 46 years, of vigorous constitution, though intemperate habits, was convalescent from a mild attack of cholera. On the morning of the 19th July, after a restless and uncomfortable night, he was seized, while getting up, with pains in the back, loins, and abdomen, accompanied by a sense of general uneasiness, nausea and intense thirst. Soon after he had a painful and very small dejection of blood mixed with mucus. I saw him in three hours after this time. He had then had fifteen calls to stool. His skin was hot and dry, pulse somewhat accelerated and full; tongue coated with a white fur; thirst; anorexia; cephalalgia; vesical tenesmus; tenderness on pressure over whole course of colon. I prescribed spts. pyroxylicus gutt. x., to be taken in a wineglassful of water every four hours. 6 P. M. Had but two discharges after first dose of medicine.

20th, 8 A. M.—Slept well: no discharges since last visit. Felt so entirely restored that he had been to the field where the hands were digging potatoes, had brought some to the house, had them roasted, and with these and a couple of mutton chops had made a comfortable breakfast. Directing a dose of castor oil should it be necessary, I ceased my attendance.

Diarrhœa.—Mat. Horn, native of Ireland, æt. 21, laborer, admitted into the hospital on July 14th, was attacked on July 9th with pain in the stomach and bowels, followed by diarrhœa. Has had from five to eight discharges daily since. Condition at time of admission—skin natural; pulse full; anorexia; thirst; nausea; urine high colored and scanty; tenderness on pressure over epigastrium; *gargouillement* in right iliac fossa; tongue coated, clammy; dejections thin, copious and pale. Ordered spts. pyroxylic. gutt. xij., every four hours: flaxseed poultice to abdomen. Patient improved very rapidly for three days, when the medicine was discontinued. From exposure to the night air the disease recurred, but was again immediately checked by a few doses of the spts. pyroxylicus, and in the course of a short time the patient was discharged cured.

The Cholera in Paris.—In the first six months of 1849, there died in Paris 33,274 persons, among whom nearly half—viz., 15,677, fell victims to the cholera; and out of these 15,677 deaths, 9,019, or almost two-thirds, took place in private life. Out of these 15,677 deaths, there were 7,740 men and 7,937 women, showing that the female sex, as happened in 1832, suffered somewhat more from cholera than the male sex. In civil and military hospitals, 3,498 men and 3,160 women died of cholera, whilst in private life the numbers were, for men 4,242, and women 4,777. If to the 15,677 deaths recorded to the end of June we add 790 deaths for July, and the 453 already known for August, we shall find a total amount of 16,920 deaths up to the 15th of August, an amount which will not fall far short of the one recorded in 1832, which was 18,556. It would seem that the disease is now losing much of its intensity.—*London Lancet.*